

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JB</i>	<i>2825-0-30-60</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>N. FISHER</i>	<i>JC 855</i>	<i>07-17-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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1	2/1/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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